Kentucky Department for Medicaid Services

Drug Review Options

The following chart lists the agenda items scheduled and the options submitted for review at the September 18, 2008, meeting of the Pharmacy and Therapeutics Advisory Committee

Item	Options for Consideration
Ophthalmic Macrolides	1. Break the Ophthalmic Macrolides out into its own PDL category. 2. DMS to select preferred agent (s) based upon economic evaluation; however, at least one ophthalmic macrolide should be preferred. 3. Agents not selected as preferred will be considered non-preferred and will require Prior Authorization. 4. For any new chemical entity in the Ophthalmic Macrolide class, require a PA until reviewed by the P&T Advisory Committee.
SNRIs	1. DMS to select preferred agent(s) based upon economic evaluation; however, at least one SNRI should be preferred. 2. Agents not selected as preferred will be considered non-preferred and will require Prior Authorization. 3. Any new chemical entity in the SNRI class will require a PA until reviewed by the P&T Advisory Committee. 4. If duloxetine is selected as a non preferred agent, it will have additional criteria to allow for its use in fibromyalgia and diabetic peripheral neuropathic pain unless there are other SNRIs that gain those FDA-approved indications in the future.
Oral 5-ASA Derivatives	1. DMS to select preferred agent (s) based upon economic evaluation; however, at least two unique chemical entities should be preferred. 2. Agents not selected as preferred will be considered non-preferred and will require Prior Authorization. 3. For any new chemical entity in the 5-ASA Derivatives, Oral Preparations class, require a PA and until reviewed by the P&T Advisory Committee.
Low Potency Statins	1. DMS to select preferred agent (s) based upon economic evaluation; however, at least two statins should be preferred. 2. Agents not selected as preferred will be considered non-preferred and will require Prior Authorization. 3. For any new chemical entity in the statin class, require a PA and appropriate quantity limit until reviewed by the P&T Advisory Committee.
Nitroimidazoles	1. DMS to select preferred agent (s) based upon economic evaluation; however, at least one nitroimidazole should be preferred. 2. Agents not selected as preferred will be considered non-preferred and will require Prior Authorization. 3. For any new chemical entity in the nitroimidazole class, require a PA until reviewed by the P&T Advisory Committee.

Cymbalta® Clinical Criteria	Cymbalta® will be authorized for the following diagnoses: • Depression/Major Depressive Disorder/Generalized Anxiety disorder: Approval after trial and failure of intolerance or contraindication to one preferred SNRI. • Diabetic peripheral neuropathic pain • Fibromyalgia: Approval will be granted after trial and failure of or intolerance or contraindication to: o A tricyclic antidepressant **or** muscle relaxant **AND** o At least one of the following: ▪ SSRI ▪ A preferred SNRI ▪ Anticonvulsant: pregabalin or gabapentin
Revatio® Clinical Criteria	Revatio™ will be authorized for the treatment of Primary Pulmonary Hypertension **ONLY.**
Flector® Clinical Criteria	Flector™ will be approved if **one** of the follow criteria is met: • Inability to swallow/tolerate PO medications. • Trial and failure (unless contraindicated or intolerant to) of two oral NSAIDs
Lyrica® Clinical Criteria	**COVERED DIAGNOSES**: • **Diabetic Peripheral Neuropathy (DPN)** o Adequate trial and failure of OR intolerance OR contraindication to **both** of these first-line agents: ▪ Tricyclic antidepressant (TCAs) **AND** ▪ Anticonvulsant: gabapentin • **Postherpetic Neuralgia (PHN)** o Adequate trial and failure of OR intolerance OR contraindication to at least two of these first-line agents o Tricyclic antidepressant (TCAs) o Anticonvulsant: gabapentin o Topical: Capsaicin 0.075% cream **OR** Lidocaine 5% patch • **Adjunct for partial onset seizure disorder** • **Fibromyalgia** o Adequate trial and failure of OR intolerance OR contraindication to **all** of the first-line agents below: ▪ Tricyclic antidepressant (TCAs) **AND** ▪ Muscle relaxant **AND** ▪ **One** drug from each of the following classes: • SSRI • Anticonvulsant: gabapentin